

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09-701203

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	(1)					
5	(1)					
6	(1)					
7	(1)					
8	(1)					
9	(1)					
10		1				
11	1					
12	1					
13	2					
14	2					
15	2					
16	2					
17	(1)					
18	(1)					
19	1					
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31	<b>BEST AVAILABLE COPY</b>					
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50						
TOTAL IND.	2					
TOTAL DEP.	22					
TOTAL CLAIMS	24					

IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					